

GOOLE  
RURAL DISTRICT COUNCIL

ANNUAL REPORT  
OF THE  
Medical Officer of Health

1968



---

GOOLE :  
GOOLE TIMES COMPANY LIMITED  
1969

GOOLE  
RURAL DISTRICT COUNCIL

Chairman :  
Councillor R. H. COULMAN

Vice-Chairman :  
Councillor T. H. HOTCHIN

Medical Officer of Health :  
S. KENNAUGH APPLETON,  
S.B.ST.J., M.D., CH.B., D.P.H., D.T.M.

Deputy Medical Officer of Health :  
MURIEL J. LOWE,  
M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Public Health Inspector :  
J. ALLAN POTTS, A.M.I.S.E., M.S.I.A.

Additional Public Health Inspector :  
JOHN J. McLAREN, M.A.P.H.I.

## **To the Chairman and Members of the GOOLE RURAL DISTRICT COUNCIL**

MADAM AND GENTLEMEN,

I have the honour to present to you my Twenty-Second Annual Report on the health of the District and the work of the Health Department for the year 1968.

The Birth Rate was 15.6 per thousand population (Adjusted Birth Rate 15.3), which is below the W.R. Rural District Aggregate Rate of 17.7. The Rate for England and Wales was 16.9.

The Crude Death Rate was 11.5 (Adjusted Death Rate 12.2). The W.R. Rural Rate was 9.9 and that for England and Wales 11.9.

Of the 105 death, 49 (46.6%) occurred at the age of 75 years and over; of these 17 were 85 years or more and 9 over 90 years, one reaching 95 years.

Live Births exceeded Deaths by 37.

There was 1 infant death, giving a Rate of 7.0 per thousand live births. The W.R. Rural Rate was 15.5 and the Rate for England and Wales was 18.3.

### **INFECTIOUS DISEASES**

101 cases of infectious disease were notified during the year of which 90 were measles. In anticipation of the expected bi-yearly epidemic of measles in the early winter the Department of Health decided on a crash programme of vaccination by the one injection technique to be completed by the autumn. Vaccine became available in increasing quantity from May onwards. However, during June and July there was a moderate outbreak of measles in the District so that many children fell victims to the disease before they could be protected. Others having avoided infection were considered at least by their parents to be immune so the response to the campaign was sluggish. The expected winter epidemic did not occur. Although vaccination must have contributed to this result the widespread epidemics of measles throughout the County tended to obscure the picture. Writing in 1969 it is pleasing to note that parents looking ahead to the risk of further epidemics of measles are applying for their children to be vaccinated. It is frustrating that at the moment vaccine is in short supply due to the failure of one source of supply.

The protection of children in their 14th year against tuberculosis with B.C.G. vaccine has been in operation since 1955. This procedure in conjunction with the vaccination of susceptible contacts of actual cases makes a valuable contribution to the control of this disease.

During 1968 it was decided that it would be advantageous to protect children at an earlier age. It is now the policy to test and if necessary vaccinate children as soon as possible after entry to senior school, that is in their 12th year. I believe that there is a certain amount of undetected tuberculosis amongst elderly persons with chronic coughs and the finding in an adjacent district of the disease in a school child and in its grandparent emphasises the danger. All persons with chronic coughs owe it to the community and themselves to be X-rayed regularly. To facilitate this the mobile radiography unit stands at the Goole Market for half-an-hour on the first and third Tuesday mornings in the month. It would be a good thing if all adults, particularly those living or working amongst children, however well they feel, would make use of this free service once every two years.

## **PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1968**

During the year these Regulations came into operation. They consolidate into one document all existing regulations relating to the notification and prevention of infectious disease. Three diseases—leptospirosis, tetanus and yellow fever have been added to the list and six diseases—acute primary pneumonia, acute influenzal pneumonia, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia, have been deleted.

The infectious diseases now to be notified to the medical officer of health are:—

Acute encephalitis	Ophthalmia neonatorum
Acute meningitis	Paratyphoid fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever
Measles	Food poisoning

## **CERVICAL CYTOLOGY**

During the year 104 women had the cancer smear test which brings the overall total to 387. There must still be a lot of women between the ages of 21 and 60 who are at risk and have not been



tested. Application forms are available in public health offices and clinics and the waiting time for appointments is not more than a month.

## **FAMILY PLANNING**

Methods of limiting the size of the family, more or less unreliable, have been practised by many couples for thousands of years. Much improved methods have become available within the last 40 years and the arrival of "the pill" is a great step forward towards the perfect contraceptive. Expert advice about the most suitable method is essential and over the years the Family Planning Association has opened an increasing number of clinics to meet this need.

Since June, 1968, a family planning session has been operating at the County Clinic, Goole, on Tuesday evenings by appointment. For most cases there is a small annual fee. This service is available to the residents of the Rural District and an increasing number of women are attending. Advice is available also to those contemplating marriage.

## **MENTAL HEALTH**

The much needed extensions at the Rawcliffe Training Centre to which I referred in my last Annual Report have commenced and it is hoped the enlarged Centre will be functional in 1970. An additional room has been added to the Snaith Day Centre and this provides better social and working conditions for those almost recovered from mental illness.

In conclusion, I record my appreciation of the continued support of the Members and Officers of the Council, the Divisional Health Staff and the voluntary workers at the Clinics.

I remain,

Your obedient servant,

S. KENNAUGH APPLETON,

September, 1969.

Medical Officer of Health.

## VALEDICTION

At the time of writing this 1968 Report I am continuing as your Medical Officer of Health for an extended period of six months. Although I expect to be responsible for your public health services for the whole of 1969 and into 1970 it is reasonable to assume that the next annual report will be written by my successor. This Report, therefore, should be the last one I present so it gives me an opportunity to look back over a considerable period of close association with the Rural District. By the time I retire I shall have had the honour and privilege to have served the District for well over 22 years; a record surpassed of course by my immediate predecessor but one unlikely to be equalled in the uncertain future. I took up my appointment with the four constituent authorities on 3rd November, 1947, with particular responsibility for organising a Divisional Health Service to come into operation on the appointed day, 5th July, 1948. A new era in public health began then, has matured over a generation and might well be coming to an end with proposals for amalgamation and the proposed drastic reorganisation of local government in the not so distant future. The rapid build up of existing services and the innovation of new services, particularly in the early years, had to be met by a rapid increase of trained personnel. The Divisional establishment which has been relatively static for several years is made up as follows:—1 Divisional M.O.H., 2 Departmental M.Os., 3 part-time consultants, 26 nurses, 2 mental welfare officers, 8 training centre and 2 day centre staff and 10 clerical staff.

The Maternity, Child Welfare and School Health Services were much restricted for several years by having to work in more or less borrowed rooms. However, by 1953 the alterations to Prospect House were completed and Swinefleet had a County owned clinic. By 1954 Rose Cottage, Snaith, was fully operative. Both these clinics continue to give good service to the surrounding parishes. The Rawcliffe Training Centre for the training of the severely subnormal and the Snaith Day Centre for those convalescing from mental illness were opened in 1961 and 1964 respectively. Both are situated in the Rural District and draw patients from Goole, Selby and Thorne.

The era will be best remembered for the rapid progress in the control of infectious diseases by immunisation. In 1948 protection was provided only against smallpox and diphtheria. Now immunisation against whooping cough, tuberculosis, poliomyelitis, tetanus and measles is readily available. It has been a privilege to have inaugurated the various immunisation campaigns and to have elicited the public response which is so necessary for success. The parents of the

Rural District are to be congratulated on the high degree of protection they have obtained for their children.

Although the health record of the District was reasonably good when I came there has been over the years general improvement particularly in child health.

Equally important progress has been made in environmental hygiene. It is pleasing to remind you of the installation of sewerage systems in several villages, the reduction in the number of open sanitary dikes, the extension of piped water supplies, new schools and school extensions, and rapidly mushrooming housing estates.

Not unnaturally much of the success of the Service is due to the loyalty, enthusiasm and devotion to duty of a large number of past and present officers. I hope the strong team spirit which has developed will not be dissipated in any pending reorganisation. Seven of my staff have been with me over 20 years and will take forward into whatever the interesting future may hold a vast accumulation of experience and expertise.

Finally I must refer to the Members and Officers of the Council. It is most unusual to find five members of the 1947/48 Council still serving — the then chairman, Councillor H. Dowdall; the present chairman, Councillor R. H. Coulman; the vice-chairman, Councillor T. H. Hotchin; and Councillors A. H. Askwith and J. Dean. At all times it has been a pleasant and interested council for which to work. The Clerk Mr R. Bullock, the former Public Health Inspector Mr. R. Plewes and the present Public Health Inspector Mr. J. A. Potts have been wise and helpful colleagues. I have learned a lot about rural health and hygiene from members and officers and I wish them every success in the years ahead.



## GENERAL STATISTICS

**1968**

Area of Rural District ... ..	38,238 acres
Population (mid-1968) ... ..	9,100
Number of Houses ... ..	3,598
Rateable Value (1/4/69) ... ..	£229,694
Estimated Product of Penny Rate (1/4/69) ... ..	£903/17/9

## VITAL STATISTICS

	GOOLE R.D.	Aggregate West Riding R.D.s	West Riding Admin. County	England & Wales (provi- sional)
<b>BIRTHRATE</b> (per 1,000 population) ...	15.6	17.7	17.6	16.9
<b>CRUDE DEATH RATES</b>				
All causes ... ..	11.5	9.9	11.6	11.9
Infective and Parasitic Diseases ... ..	0.11	—	—	—
Respiratory Tuberculosis ...	0	0.04	0.03	0.03
Other forms of Tuberculosis	0	0.01	0.01	0.01
R e s p i r a t o r y Diseases excluding Respiratory Tuberculosis ... ..	1.87	1.46	1.66	—
Cancer ... ..	1.87	1.88	2.14	2.32
Heart and Circulatory Disease ... ..	4.51	3.60	4.30	—
V a s c u l a r Lesion of Nervous System ... ..	1.76	1.46	1.76	—
<b>INFANT MORTALITY</b> (Deaths under one year per 1,000 live birds) ...	7.0	15.5	18.5	18.3
Stillbirths ... ..	27.4	14.2	14.3	14.3
<b>PERINATAL MORTALITY</b> ...	34.2	23.0	25.0	24.7
<b>MATERNAL MORTALITY</b> (Deaths of mothers in childbirth per 1,000 total births) ... ..	0	0.11	0.09	0.24
<b>COMPARABILITY FACTORS</b>				
For Births ... ..	0.98	Adjusted Birth Rate		15.3
For Deaths ... ..	1.06	Adjusted Death Rate		12.2

### Births

				Male	Female	Total
<b>LIVE BIRTHS:</b>	Legitimate	...	...	64	71	135
	Illegitimate	...	...	4	3	7
				—	—	—
	Total	...	...	68	74	142
<b>STILLBIRTHS</b>		...	...	3	1	4



# **Birth and Death Rates, 1968 and Mean Rates for Decennial Periods**

## BIRTH RATE—15.6

(per 1,000 population)

1901-1910	...	...	27.4	1941-1950	...	...	18.3
1911-1920	...	...	23.6	1951-1960	...	...	15.4
1921-1930	...	...	22.1	1961-1965	...	...	16.6
1931-1940	...	...	16.2				

## STILLBIRTHS—27.4

(per 1,000 total births)

1901-1910	...	...	—	1941-1950	...	...	33.2
1911-1920	...	...	—	1951-1960	...	...	25.6
1921-1930	...	...	—	1961-1965	...	...	27.0
1931-1940	...	...	39.1				

## ILLEGITIMATE BIRTHS—50.0

(per 1,000 total births)

1901-1910	...	...	67.8	1941-1950	...	...	71.6
1911-1920	...	...	88.6	1951-1960	...	...	46.7
1921-1930	...	...	72.1	1961-1965	...	...	50.0
1931-1940	...	...	49.3				

## INFANTILE MORTALITY—7.0

(per 1,000 live births)

1901-1910	...	...	134.7	1941-1950	...	...	43.3
1911-1920	...	...	100.4	1951-1960	...	...	33.9
1921-1930	...	...	82.6	1961-1965	...	...	22.1
1931-1940	...	...	59.0				

## NEONATAL MORTALITY—7.0

(deaths in first month per 1,000 live births)

1901-1910	...	...	24.5	1941-1950	...	...	19.8
1911-1920	...	...	25.5	1951-1960	...	...	22.8
1921-1930	...	...	22.3	1961-1965	...	...	19.4
1931-1940	...	...	26.6				

## PERINATAL MORTALITY—34.2

(stillbirths and first week deaths per 1,000 total births)

1931-1940	...	...	64.7	1951-1960	...	...	45.1
1941-1950	...	...	53.1	1961-1965	...	...	43.3

## TOTAL DEATH RATE—11.5

(per 1,000 population)

1901-1910	...	...	15.7	1941-1950	...	...	11.3
1911-1920	...	...	14.7	1951-1960	...	...	10.2
1921-1930	...	...	12.1	1961-1965	...	...	11.2
1931-1940	...	...	11.5				

# DISEASES OF HEART AND CIRCULATION—4.51

1901-1910	...	...	1.71	1941-1950	...	...	3.54
1911-1920	...	...	1.03	1951-1960	...	...	3.80
1921-1930	...	...	2.22	1961-1965	...	...	3.98
1931-1940	...	...	3.73				

# VASCULAR DISEASES OF CENTRAL NERVOUS SYSTEM—1.76

1901-1910	...	...	—	1941-1950	...	...	0.97
1911-1920	...	...	—	1951-1960	...	...	1.13
1921-1930	...	...	0.79	1961-1965	...	...	1.54
1931-1940	...	...	0.76				

# MALIGNANT NEOPLASMS—1.87

1901-1910	...	...	0.88	1941-1950	...	...	1.70
1911-1920	...	...	1.04	1951-1960	...	...	1.82
1921-1930	...	...	1.37	1961-1965	...	...	2.25
1931-1940	...	...	1.28				

# RESPIRATORY DISEASES—1.87

1901-1910	...	...	2.48	1941-1950	...	...	0.95
1911-1920	...	...	1.88	1951-1960	...	...	1.07
1921-1930	...	...	1.45	1961-1965	...	...	1.07
1931-1940	...	...	0.77				

# INFECTIVE AND PARASITIC DISEASES—0.11

1901-1910	...	...	1.22	1941-1950	...	...	0.15
1911-1920	...	...	1.26	1951-1960	...	...	0.06
1921-1930	...	...	0.57	1961-1965	...	...	0
1931-1940	...	...	0.23				

# RESPIRATORY TUBERCULOSIS—0

1901-1910	...	...	0.73	1941-1950	...	...	0.37
1911-1920	...	...	0.67	1951-1960	...	...	0.06
1921-1930	...	...	0.61	1961-1965	...	...	0.04
1931-1940	...	...	0.33				

# NON-RESPIRATORY TUBERCULOSIS—0

1901-1910	...	...	0.70	1941-1950	...	...	0.09
1911-1920	...	...	0.30	1951-1960	...	...	0.02
1921-1930	...	...	0.29	1961-1965	...	...	0.02
1931-1940	...	...	0.13				

# MATERNAL MORTALITY—0

(per 1,000 total births)

1901-1910	...	...	5.33	1941-1950	...	...	1.17
1911-1920	...	...	4.74	1951-1960	...	...	0.63
1921-1930	...	...	3.92	1961-1965	...	...	0
1931-1940	...	...	4.54				

## CAUSES OF DEATH, 1968

					Male	Female	Total
Infective and parasitic diseases	...	...	...	...	1	0	1
Malignant neoplasm—stomach	...	...	...	...	1	0	1
Malignant neoplasm—lung, bronchus	...	...	...	...	4	0	4
Malignant neoplasm—breast	...	...	...	...	0	3	3
Malignant neoplasm—uterus	...	...	...	...	—	1	1
Other malignant neoplasms	...	...	...	...	4	4	8
Other diseases of nervous system	...	...	...	...	1	1	2
Hypertensive disease	...	...	...	...	0	2	2
Ischaemic heart disease	...	...	...	...	17	12	29
Other forms of heart disease	...	...	...	...	2	1	3
Cerebrovascular disease	...	...	...	...	7	9	16
Other diseases of circulatory system	...	...	...	...	6	1	7
Pneumonia	...	...	...	...	8	4	12
Bronchitis and emphysema	...	...	...	...	5	0	5
Nephritis and nephrosis	...	...	...	...	2	0	2
Other diseases genito-urinary system	...	...	...	...	0	1	1
Birth injury, difficult labour, etc.	...	...	...	...	—	1	1
Ill-defined conditions	...	...	...	...	1	2	3
Motor vehicle accidents	...	...	...	...	1	0	1
All other accidents	...	...	...	...	2	0	2
All other external causes	...	...	...	...	1	0	1
					—	—	—
					63	42	105

## TUBERCULOSIS

### New cases during 1968

						Male	Female	Total
Pulmonary	...	...	...	...	...	0	0	0
Non-pulmonary	...	...	...	...	...	0	0	0

### Total cases on the Register:

Pulmonary	...	...	...	...	...	6	10*	16
Non-pulmonary	...	...	...	...	...	1	2†	3

\* Includes 3 cases in a residential institution in the District.

† Includes 1 case in a residential institution in the District.

# INFANTILE MORTALITY, 1968

## Causes of Death in Age Groups

	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	2 to 4 weeks.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total.
Septicaemia ...	1								1
Total ...	1								1

## Cases of Infectious Disease notified during 1968

				No. of cases notified								
				At all ages	According to Age							
					Under 1	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	Over 64	
Smallpox	...	...	...									
Diphtheria	...	...	...									
Erysipelas	...	...	...									
Scarlet Fever	...	...	...	6		2	4					
Enteric Fevers	...	...	...									
Puerperal Pyrexia	...	...	...									
Cerebro-spinal Meningitis	...	...	...									
Ophthalmia Neonatorum	...	...	...									
Pulmonary Tuberculosis	...	...	...									
Other forms of Tuberculosis	...	...	...									
Measles	...	...	...	90		52	35	2	1			
Primary Pneumonia	...	...	...	1								1
Influenzal Pneumonia	...	...	...									
Whooping Cough	...	...	...	4		1	3					
Dysentery	...	...	...									
Acute Poliomyelitis (P)	...	...	...									
Food Poisoning	...	...	...									
Totals	...	...	...	101		55	42	2	1			1



# **FACTORIES ACTS, 1937 to 1959**

## **Part I. — Inspections**

Premises.	No. on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by L.A.s	3	3	0	0
Factories not included above in which Section 7 is enforced by L.A.s	30	36	0	0
Other premises in which Section 7 is enforced by L.A.s .. .. .	5	32	0	0
Total ..	38	71	0	0

## **Part I. — Defects**

Particulars.	Found	Remedied	Referred to H.M.I.	Referred by H.M.I.	Prosecutions instituted
Want of cleanliness (S.1) ..	1	1	0	0	0
Overcrowding (S.2) .. ..	0	0	0	0	0
Unreasonable temperature (S.3) .. .. .	0	0	0	0	0
Inadequate ventilation (S.4)	0	0	0	0	0
Ineffective drainage of floors (S.6) .. .. .	0	0	0	0	0
Sanitary conveniences insufficient, unsuitable or defective (S.7) .. .. .	0	0	0	0	0
Other offences .. .. .	0	0	0	0	0
Total ..	1	1	0	0	0

# **NATIONAL ASSISTANCE ACTS, 1948 and 1951**

No action under these Acts was necessary in 1968.



# 5. SCHOOL HEALTH SERVICE :

Attendance at School Clinic ... ..	76
Number attending Paediatric Consultant ... ..	22
Number attending County Oculist ... ..	119
Number prescribed Spectacles ... ..	40
Number attending Speech Therapy ... ..	Nil
Number inspected in school by School M.O. ... ..	344
Number inspected in school by School Nurse ... ..	1,334
Number of Verminous Heads ... ..	46
Tests for Subnormality ... ..	5
Re-examinations ... ..	4
Reported to M.D. Authority as ineducable ... ..	0
Recommended for Special Schools ... ..	3
Attending Residential Schools ... ..	2
Reported to M.D. Authority for supervision ... ..	1
Audiometry Tests by School Nurse ... ..	293
Audiometry Test by School M.O. ... ..	24

The following defects were found at medical inspections :

	Requiring treatment.	For observation.
Verminous heads ... ..	46	—
Skin ... ..	5	4
Vision ... ..	25	Nil
Other eye conditions ... ..	Nil	1
Hearing ... ..	9	2
Other ear defects ... ..	1	2
Nose and Throat ... ..	2	11
Speech ... ..	1	4
Cervical glands ... ..	Nil	6
Heart and Circulation ... ..	Nil	1
Lungs ... ..	3	Nil
Developmental ... ..	1	2
Orthopaedic ... ..	7	5
Nervous system ... ..	3	4
Psychological ... ..	2	1
Other conditions ... ..	4	7

# 6. MATERNITY SERVICES :

## ANTE-NATAL CLINIC :

	Snaith	Swinefleet
Number of patients attending ... ..	0	0
Total number of attendances ... ..	0	0
Number of sessions held ... ..	24	24

# MOTHERS CONFINED IN HOSPITAL:

Goole Maternity Home	...	...	...	...	...	43
Leeds Hospitals	...	...	...	...	...	2
Wakefield Hospitals	...	...	...	...	...	35
Other Hospitals	...	...	...	...	...	3
Total						83

# COUNTY MIDWIVES:

There were 51 domiciliary confinements in the Rural District. The following summary of the work of the County Midwives is for Division No. 10 as a whole:

Number of Midwives	...	...	...	...	...	7
Number of cases	...	...	...	...	...	269
Gas and air analgesia	...	...	...	...	...	0
Trilene analgesia	...	...	...	...	...	228

## 7. HOME NURSING (Division No. 10 as a whole):

Number of Nurses	...	...	...	...	...	7
Number of cases completed	...	...	...	...	...	500
Number of visits	...	...	...	...	...	13,272

## 8. HOME HELPS:

Home Helps were employed for 79,424 hours attending cases in the Division.

They attended the following cases in Goole R.D.:

Maternity	...	...	2	Chronic Sick (under 65)	...	6
Chronic Sick (over 65)	40	Other	...	...	...	1

## 9. IMMUNISATION AGAINST DIPHTHERIA—during 1968:

Children under 5 years	...	...	...	...	...	68
Children over 5 years	...	...	...	...	...	10
Total						78
Booster Doses						225
Total						303

Total number of children under 15 years of age who have been immunised up to the 31st December, 1968:

Age—Years	0—1	1—4	5—9	10—14	Total under 15
Number	16	408	694	508	1626
Percentage	63%		83%		77%



10.	IMMUNISATION AGAINST WHOOPING COUGH—during 1968:						
	Under 6 months	...	...	...	...	...	9
	6 months to 1 year	...	...	...	...	...	7
	1—2. years	...	...	...	...	...	46
	2—3 years	...	...	...	...	...	2
	3—4 years	...	...	...	...	...	1
							—
	Total	...	...	...	...	...	65
11.	B.C.G. VACCINATION OF SCHOOL CHILDREN (13 years of age):						
	Number of acceptances in 1968	...	...	...	...	...	73
	Pre-Vaccination Tuberculin Tests:						
	Positive (not requiring vaccination)	...	...	...	...	...	8 (11.4%)
	Negative (requiring vaccination)	...	...	...	...	...	62 (88.6%)
							—
	Number vaccinated with B.C.G.	...	...	...	...	...	62
12.	VACCINATION AGAINST POLIOMYELITIS:						
	Total registered to 31st December, 1968	...	...	...	...	...	5,196
	Vaccinations completed	...	...	...	...	...	5,152
13.	MENTAL HEALTH:						
	Mental Health Act, 1959.						
	The number of persons under care and guidance at the end of 1968 were as follows:						
					Male	Female	Total
	Psychopathic	...	...	...	—	—	—
	Subnormal	...	...	...	4	6	10
	Severely subnormal	...	...	...	6	6	12
	Mentally ill	...	...	...	9	6	15
	Admission to Mental Hospitals by the Mental Welfare Officers during 1968 were as follows:						
					Male	Female	Total
	Emergency Admissions	...	...	...	1	0	1
	Admissions for Observation	...	...	...	0	2	2
	Admissions for Treatment	...	...	...	3	0	3
	Informal Admissions	...	...	...	10	8	18
14.	MASS RADIOGRAPHY:						
	There was one visit during 1968.						
	150 were examined.						
	<b>PUBLIC HEALTH DIVISION No. 10</b>						
	The County Districts forming Division No. 10 are:						
	Goole Borough (1,267 acres)	Selby Urban			(3,883 acres)		
	Goole Rural (38,238 acres)	Selby Rural			(33,304 acres)		
	Area of the Division	...	...	...	76,692 acres		
	Population (estimated mid-1968)	...	...	...	...	47,940	
	Census 1961)	...	...	...	...	44,533	

**DIVISIONAL HEALTH OFFICE & STAFF:**  
**6/7, Belgravia, Goole (Telephone Goole 4216 and 2923)**

Divisional Medical Officer & Divisional School Medical Officer:

S. KENNAUGH APPLETON, S.B.ST.J., M.D., CH.B., D.P.H., D.T.M.

Senior Assistant County Medical Officer and School Medical Officer:

MURIEL J. LOWE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

Assistant County Medical Officer and School Medical Officer:

EILEEN M. R. BELL-SYER, M.B., B.S.

School Dental Officer:

P. F. A. ELTOME, L.D.S.

Divisional Nursing Officer:

Miss D. M. E. GOLDTHORPE

Health Visitors and School Nurses:

Mrs. B. BEAL, Miss D. M. BUTLER, Mrs. M. DODSON, Mrs. O. OGUNWUMIJU, Mrs. A. M. RAWES, Miss A. RIDSDALE, Miss D. M. ROBINSON, Mrs. A. SUTHERLAND (part-time).

Assistants: Mrs. M. D. GARDNER, Mrs. F. JARY,  
Mrs. E. A. ZAPH.

Home Nursing Sisters:

Mrs. H. B. BEAUMONT, Mrs. S. CLAYBOURN, Mrs. M. LUND, Mrs. W. E. DUFFIN, Mrs. S. E. HERRON, Mrs. B. ROSS (part-time), Mrs. J. M. SAWDON, Mrs. E. H. SCOTT-KING.

Domiciliary Midwives:

Miss I. CAMPBELL, Miss E. CLAYTON, Miss H. ELLIS, Mrs. D. FRANKLIN, Mrs. A. G. HORSFIELD, Miss E. D. LAKING, Miss M. P. SMITH.

Mental Health Officers:

Mr. T. G. FOSTER, Miss M. J. HURLEY.

Rawcliffe Training Centre (Rawcliffe 387):

Supervisor: Miss C. S. LOGAN.

Staff: Mrs. A. ALVEY, Mr. J. BEAMSON, Mrs. E. GOODALL, Mr. R. C. HUNT, Mrs. J. ELLIS, Mrs. A. W. JARVILL, Mrs. E. ROSE.

Snaith Day Centre:

Instructors: Mr. G. H. PURCHON, Mrs. R. H. KERSHAW.

Speech Therapist: Vacant.

Welfare Officer: Mr. D. HIRST

Blind Welfare: Mrs. J. KILNER (Goole 4218)

Clerical:

Senior Clerk: Mr. R. TOWELL

Deputy Senior Clerk: Mr. G. N. NOWILL

Mrs. N. ALMOND, Miss S. L. BRAMHAM, Mrs. M. E. BRYARS (part-time), Mr. J. LAWTON, Miss S. H. MILEHAM, Mrs. J. MILES, Mrs. M. READSHAW (part-time), Mrs. J. E. TAYLOR.

# PUBLIC HEALTH INSPECTOR'S REPORT FOR 1968

## To the Chairman and Members of the GOOLE RURAL DISTRICT COUNCIL

MR. CHAIRMAN, MADAM, GENTLEMEN,

I have the honour to present to you my report for the year 1968.

The writing of the report is an annual event of some importance in my official duties. Thanks to the excellent coverage which the local press has been kind enough to give to these epistles it is an occasion when I can put my views to a much wider audience than usual in the routine monthly offerings to the Council, and this has therefore grown out of something more than a progress report from an official to his employers, it is more in the nature of an exercise in public relations. I am frequently surprised (and delighted) at being stopped in my tracks by people who come up and make comments about the Annual Report after excerpts have appeared in the press — even if the remark is “Didn’t think much to your Report this year — you’re slipping.” It proves that a lot of people do follow these events with interest and I would like to thank the press for making this possible and of course all “my readers” — even the Critics — for their lively interest in the work of the Department.

It is often said that there is widespread indifference and ignorance about the working of Local Government amongst the general public. I find this hard to believe in this area and even in the midst of the momentous happenings in the world today I am convinced that there is keen and active interest in what Local Councils are doing. It is only human nature to care more about the closing of a local bus service than a rocket to the moon, more about a stopped drain down the yard than a burst dam in Africa, more about sixpence on the rates than a couple of million pounds on National defence.

When people feel personally involved in any project they want to voice their opinions about it and to do this they need personal contact with the official hierarchy.

This is “what local Government is all about” and heaven help us if any future system of local administration loses that precious contact between those that work the switches and those that pay the bills.

Yours faithfully,

J. ALLAN POTTS

Surveyor and Public Health Inspector.



## DRAINAGE AND SEWERAGE

Pride of place in the Report this year must of course go to the completion of the Snaith sewerage scheme. This is the largest contract yet completed for sewerage in the district. About 8,500 yards of new sewer from 6ins. to 24ins diameter and 6,600 yards of pumping main from 4ins. to 15ins. diameter have been laid, together with a new treatment works, at a cost of over £300,000.

The new scheme provides sewers for the first time in East and West Cowicks and Gowdall but utilises the existing ancient system in Snaith. I have always had my reservations about the advisability of using old sewers in a new scheme. A lot of the pipes are of unknown location and part of the system consists of very large ancient brick culverts which have not seen the light of day for well over a century—possibly two centuries. Access points are very few and far apart and as they were originally intended to act as surface water drains only they were constructed with little fall—certainly not sufficient to give self-cleansing flows for sewage. Having said all that I am bound to admit that the Snaith sewers have given remarkably little trouble and it is this, together with the enormous cost of re-sewering the old town, that has led to their incorporation into the new system. This can create problems. When the old sewers discharged into open ditches at the edge of the built-up area, the level of water in the whole system depended on the general level of surface water in the area. During the winter (and some “British Summers”) this meant that the system was fully charged and any rats were drowned. This no longer applies and a careful check will have to be made to deal with any rodent infestation that builds up. Another problem likely to arise is that of silt affecting the pumps. A heavy rainstorm flushes out old accumulations of silt laying in the culverts. This used to pass through the system to be deposited in the open ditches where it could be shovelled out by hand and up to now this has formed an annual task. With the sewers now connected to the pump houses however the silt will be carried through to the pump wells where it might, on occasion, be of sizable quantities. One of the old culverts which is connected to the Snaith North pump station was exposed in the course of excavations, it was 5ft. high by 3ft. wide and contained 3ft. depth of consolidated silt. This is probably typical of conditions in the system and there must be many tons of potential trouble lying dormant beneath the ancient stones in Snaith.

The Pollington sewerage scheme is well on the way to completion and the performance of the mutrator pump at the south pumping station will be of great interest. This little pump acts like a sink gar-



bage grinder, diminishing the solids to small size and pumping the whole lot through a 1½ in. diameter polythene pipe. This type of pump was used in Pollington because the canal bridge provided only a minimum of cover over the arch and a normal pumping main would have had to be slung alongside the structure.

We are very interested in this pumping method as it could be the answer to the problem of sewerage small groups of property sited well away from the main body of the villages.

Trouble continues intermittently at Swinefleet when Foulsey Dike overflows and the flood water carries silt into the sewerage system. The resulting clogging of drains and the pump well causes a great deal of extra work to the sewerage maintenance team. This, of course, is a nuisance, but is nothing compared to the hardship and damage suffered by those unfortunate enough to have their homes flooded time after time by the murky waters of Foulsey; that this state of affairs is entirely preventable makes the pill even more bitter.

## HOUSING

1968 saw the completion of the first grouped dwellings schemes with resident Wardens. The Warden at Snaith has 27 bungalows under her watchful eye and ear by loudspeaker telephone to each house. The Warden at Swinefleet has only 12 bungalows at the moment due to lack of building space, but it is hoped to expand the scheme in the future when land becomes available for more building. A nearby site is already earmarked for the next stage of 4 bungalows.

The two schemes only came into being at the back end of the year and it is perhaps a little early to make a true assesment of their value. First indications are that they are entirely successful. The Community Centre sitting rooms have been well used during the cold dark days of autumn and winter and already there are self-organised whist drives, outing funds, tea-making rotas and the ubiquitous bingo — in short all the necessary features of our swinging society. This is the way we hoped it would work when the first ideas took root. These grouped dwellings schemes are not semi-hospitals where the decrepit remnants of a previous generation vegetate their last years away. The long-service citizens of today are not only healthier in body but younger in mind. The Victorian matron of 50 wore black or near black for the rest of her life and thought of herself as a 'has-been' at 40. What envious cries of 'shame' would she have provoked at the sight of today's over-60's in shocking pink showing their K-N-E-E-S. No one is pretending that we can stop the clock but old age can be a worse affliction of the mind than the body and there are few more pitiful sights than that of a

healthy old body who has decided that there is nothing left but to wait for death. In our grouped bungalow schemes we sincerely hope that happy self-help communities will grow with plenty of self-generated interest to keep the residents mentally active, and when time does inevitably reap his harvest, allow each person to step over the great divide with dignity.

Housing older people in the smaller villages raises the question of whether it is better for them to move to a large place where they can enjoy the undoubted benefits of a Warden scheme or be re-housed in the village that they have probably lived in all their lives. I think that the present policy of carrying out a mixed programme of warden schemes plus small groups of bungalows is the right one if we are to keep the traditional balanced village communities alive, but there should be the opportunity for moving to the more sheltered existence of a Warden scheme for those that opt to do so.

Private builders were again fairly active during the year and 80 houses were completed for owner-occupiers. This brings the total over the last three years to over 260. If Local Authority housing and old houses improved with grant aid are added to this figure we get a total which is in excess of 10% of our total housing stock. This seems to me to be quite good progress for an area with an almost static level of population and lacking any of those industries where high wage rates bring about a general lifting of living standards.

The fact that one in ten of our houses has been built or improved in the last three years cannot of course hide the dismal fact that an estimated one in ten of our houses is unfit to live in and should come down. Rising standards at the top end of the scale make a widening gap to be bridged by the unfortunate inhabitants of property which has reached the unfitness point of no return. As if this were not a bitter enough pill to swallow, the high cost of even 'bodge' repairs makes many landlords unwilling or financially incapable of carrying out even essential structural repairs. There are (incredible though it would seem in some parts of the country) houses let in this district at 4/6 per week—less than a colour television licence fee.

## WATER SUPPLY

A new mains extension to the Greenland Lane area of East Cowick was laid during the year and brought one or two more scattered properties on to a mains supply. There are very few houses now without mains water and all are in very isolated situations. In this area the level of subsoil water is usually only a few feet from the surface for many months of the year but getting a satisfactory



drinking water supply can mean boring down to great depths and then having to use expensive pumping gear—even then the water can be of disagreeable taste due to mineral deposits. Truly a case of water all around and not a drop to drink. The only satisfactory method of supply in this area is from the mains and it can only be a matter of time before extensions to the system are made to all remaining houses or the isolated properties closed down where it is more economical to re-house the occupants than lay long lengths of pipe.

### **FOOD INSPECTION**

The canning factory has been further enlarged and is now one of the largest industries in the district. The range of products has also become more varied and the addition of a laboratory at the factory has been a great asset from our point of view as we can be relieved of much of the routine checking which is done by the firms own technical staff. Routine samples of water from the factory private supply are of course still taken and visits made to ensure that standards are not allowed to slip during the frequent periods when work is pushing against great pressure and the workers are hot, weary and sick of the sight of 'veg.' It is one of the characteristics of the industry that work comes in bursts of almost unbelievable intensity and often unpredictable time. It takes a hard heart indeed to be unduly finnickty when the walls are literally bulging with produce which will be rotten next day and long hours without let-up are beginning to bring out those little latent faults in machines and those operating them. Nevertheless it is at such times that real trouble can occur and the watchful eye of the Public Health Inspector is most necessary.

There was also increased activity in other inspection work at food distribution depots and during the year 1,978lbs. of food of varying types were destroyed as unfit for human consumption.

### **REFUSE COLLECTION**

The quantity of refuse generated by our population continues to grow at an alarming rate. The 114 new houses built during the year add to the weekly harvest of garbage and junk but this accounts for only a fractional amount of the increase which is mainly due to the success of the Refuse Collectors Enemy No. 1—the Packaging Industry busily devising new ways of putting polythene and polystyrene around everything in the shops.

The two fore-and-aft tipper vehicles are only just coping with the present load, and any breakdown is catastrophic in its results. Fortunately the crews make sure that this does not happen often.

## CONCLUSION

1968 has been a busy year. The capital programme has been the largest in the Council's history, and this combined with the ever increasing pace of routine work has kept the staff on their toes all the time.

As I write this early in 1969, man is preparing to set foot on other planets and two Americans are orbiting the moon. What a wonderful thing it would be to be able to rise into the great celestial void, to look down at the earth and see our problems reduced to true size, to say with Col. Frank Borman "It was hard to think that that little thing held so many people—so many problems . . ."